

# **CITY OF MESQUITE**

## **BUSINESS LICENSE CHECK LIST**

**A license application will not be accepted unless it is completed**

**The indicated (\*\*) paperwork is mandatory and must be attached:**

\_\_\_\_\_ **Completed Business License Application\*\***

\_\_\_\_\_ **State of Nevada Business License issued by the Secretary of State\*\***

\_\_\_\_\_ **Filed Fictitious Name Record or proof of incorporation in the State of Nevada\*\***  
(It is required by Nevada Revised Statutes (NRS 602.010) that every person doing business in the state of Nevada under an assumed or fictitious name that is different from the legal name of each person who owns an interest in the business must file with the County Clerk of each county in which the business is being conducted a certificate containing the information required by NRS 602.020)

\_\_\_\_\_ **State of Nevada Affirmation of Compliance with Mandatory Industrial Insurance Requirements\*\***  
(The provisions of Chapter 616A to D, inclusive, of the Nevada Revised Statutes require every person, firm, voluntary association, and private corporation, including any public service corporation, which has any person, subcontractor, or independent contractor, under contract of hire, to obtain industrial insurance coverage in Nevada or obtain a certificate of self-insurance from the Nevada Commissioner of Insurance. One exception to the requirement for industrial insurance is if you or your business hires no employees, subcontractors or independent contractors.)

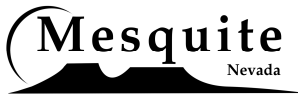
\_\_\_\_\_ **Copy of ANY Nevada State License for the type of business license you are applying for: contractor, real estate sales, physician, financial institution, attorney, etc.**

\_\_\_\_\_ **Occupancy Permit from Building Department, which includes Fire Department inspection (If maintaining a business location in the City of Mesquite)**

\_\_\_\_\_ **Occupancy Permit from Southern Nevada Health District (If required)**

\_\_\_\_\_ **Home Occupation Location Approval from Planning Department (If operating business from a residence, license required)**

\_\_\_\_\_ **Bond (If required)**



## CITY OF MESQUITE BUSINESS LICENSE APPLICATION

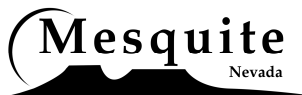
**Application must be completely filled out with all questions answered and signed by the applicant.**

**Use a separate sheet, if necessary, to complete all lists and schedules, such as list of ownership, etc.**

1. Indicate whether this license is for a:  
☐ New Business    ☐ Change in Ownership or Reorganization    ☐ Additional License
2. The undersigned hereby makes application for a City of Mesquite Business License:  
(Each type of License requires a separate application)  
☐ Business    ☐ Gaming    ☐ Liquor    ☐ Privileged: \_\_\_\_\_
3. If applicant is replacing a license obtained under any other name in the previous license period, show the former name: \_\_\_\_\_
4. Are you doing business under a fictitious name?    ☐ Yes    ☐ No
5. Indicate business name to be used in Mesquite:  
\_\_\_\_\_  
Be sure to attach a copy of the RECORDED Clark County Fictitious Firm Name Form to this application.
6. Business or Corporation Name: \_\_\_\_\_  
(Your name, if working for a licensed business such as a real estate agent, etc)
7. Physical Address of Business: \_\_\_\_\_
8. Mailing Address: \_\_\_\_\_
9. Business Telephone: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_
10. Location of Business Records: \_\_\_\_\_  
(Provide Complete Physical Address if Different from #7 above.)
11. Type of Business Entity:  

Corporation _____	General Partnership _____
Limited Liability Corporation _____	Limited Liability Partnership _____
Limited Partnership _____	Sole Proprietor _____
Other _____	Please Describe: _____
12. If a Foreign Corporation:  
  - a. Organized under the Laws of Which Sate? \_\_\_\_\_ When? \_\_\_\_\_
  - b. Qualified to do business in Nevada? \_\_\_\_\_ Date Filed? \_\_\_\_\_
13. List Names of Owner(s), Partners, Corporate Officers, Etc.  
Provide Name, Address, Phone #, Title, and Percentage Owned.

NAME	TITLE	ADDRESS	PHONE	%



14. Will this business be conducted from your residence? ☐ YES ☐ NO

\*If YES, you must apply for a Home Occupation License along with your Business License.

15. Briefly describe the nature of your Business and means of marketing:

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16. State License No: \_\_\_\_\_ Classification: \_\_\_\_\_ Date Issued: \_\_\_\_\_

16. State of Nevada Business License # \_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_

17. Has the Applicant or any member of the Applicant group ever been refused a license of any type by:

The State of Nevada? ☐ YES ☐ NO

Any Other State? ☐ YES ☐ NO

If yes, where, and under what circumstances?

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18. Has the Applicant or any of the partners, association or corporate officers or directors ever been convicted of a crime, misdemeanor or violation of any municipal ordinance, excluding minor traffic violations where the fine is less than \$50.00? ☐ YES ☐ NO

If answer is YES, state the nature of *each* offense and penalty imposed:

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Please check any of the following that may apply to your business:

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol Sales                | <input type="checkbox"/> Amusement Machines                 |
| <input type="checkbox"/> Construction                 | <input type="checkbox"/> Delivery                           |
| <input type="checkbox"/> Environmental Discharge      | <input type="checkbox"/> Financial Services                 |
| <input type="checkbox"/> Gaming                       | <input type="checkbox"/> Handy Man                          |
| <input type="checkbox"/> Hazardous Materials          | <input type="checkbox"/> House Cleaning                     |
| <input type="checkbox"/> Lawn Maintenance             | <input type="checkbox"/> Leasing                            |
| <input type="checkbox"/> Lodging                      | <input type="checkbox"/> Massage                            |
| <input type="checkbox"/> Manufacturing                | <input type="checkbox"/> Medical Provider                   |
| <input type="checkbox"/> Not for Profit               | <input type="checkbox"/> Restaurant (food sales)            |
| <input type="checkbox"/> Real Estate Services         | <input type="checkbox"/> Retail Sales – New                 |
| <input type="checkbox"/> Retail Sales - Used          | <input type="checkbox"/> Share Office with another business |
| <input type="checkbox"/> Supply/Use Temporary Workers | <input type="checkbox"/> Telephone Solicitation             |
| <input type="checkbox"/> Mobile Vendor                | <input type="checkbox"/> Vehicle Sales and/or Service       |
| <input type="checkbox"/> Wholesale                    | <input type="checkbox"/> Mobile Car Wash *See note below    |



19. If you have acquired a Nevada business or a change in ownership, please complete:  
Date Acquired: \_\_\_\_\_ Acquired By: Purchase \_\_\_\_\_ Lease \_\_\_\_\_ Other \_\_\_\_\_  
Name of Business: \_\_\_\_\_  
Name of Previous Owner: \_\_\_\_\_
20. Has the Applicant, or any of the partners or corporate officers, ever filed bankruptcy?  
☐ YES ☐ NO  
If yes, where? \_\_\_\_\_  
When? \_\_\_\_\_
21. Indicate whether you currently have or will have employees.  
☐ YES ☐ NO If yes, how many? \_\_\_\_\_
22. I have \_\_\_\_\_ have not \_\_\_\_\_ met all requirements of all State of Nevada licensing agencies.

**I, the undersigned, have answered all questions in the above application, and to the best of my belief, all answers are true and correct. I understand that disclosure of any false or misleading information will result in automatic denial of the above mentioned license, or revocation of the license if such has already been issued.**

**I agree that the business operations described in this application will not commence until a business license is issued.**

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\* Mobile Car Wash applicants must comply with the following conditions:

- No water discharge shall enter storm drains or sewer system; water shall be contained on-site.
- All work must be done outside of Public Right-of-Way.
- All chemicals shall be environmentally safe to use.

\_\_\_\_\_  
Your Initials Here



## CITY OF MESQUITE BUSINESS LICENSE APPLICATION

### STATE OF NEVADA CHILD SUPPORT COMPLIANCE STATEMENT

The Federal Welfare Reform Act, as implemented by the 1997 Session of the Nevada Legislature by SB 356, requires that professional and occupational licensing agencies add certain questions regarding child support to all applications for new licenses and renewals. Pursuant to this legislation, you are required to complete this Statement and return it with your application. **Failure to complete and return this Statement will be cause to deny your business license application.**

**\*\*Please note that a complete statement includes a response, and signature(s) of the owner(s) listed on the business license application form.**

**Please mark the appropriate response** (failure to mark one of the three will result in the denial of your business license application).

- \_\_\_\_\_ 1. I am not subject to a court order for the support of a child.
- \_\_\_\_\_ 2. I am subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.
- \_\_\_\_\_ 3. I am subject to a court order for the support of one or more children and am NOT in compliance with the order or a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

**Please provide the following information:**

Business Name: \_\_\_\_\_

**\*Signature required from each person listed as owner(s) on the Business License application.**

_____ (Owner's Signature)	_____ (Date)
_____ (Owner's Signature)	_____ (Date)